

Oct-06-10 12:02pm From-

T-845 P.02/02 F-916

PTO/SB/06 (11-08)

Approved for use through 11/30/2011 OMB 0651-0075

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Assignee Name and Address: Pentraxin Therapeutics Limited
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Gower Street
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee or Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.

Signature		Date	7/10/10
Name	Mark B. Pepys	Telephone	+1 443 274 332801
Title	Professor of Medicine	DIRECTOR, PENTRAXIN	

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